

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **13610**

FILED APR 16 1953

BIRTH NO. _____		REG. DIST. NO. <u>71</u>		PRIMARY REG. DIST. NO. <u>3012</u>		Registrar's No. <u>42</u>	
1. PLACE OF DEATH a. COUNTY <u>Clay</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Excelsior Springs</u>		c. LENGTH OF STAY (in this place) <u>1 year</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Excelsior Springs</u>		<u>6082</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>612 S. Kansas City Ave.</u>				d. STREET ADDRESS (If rural, give location) <u>612 S. Kansas City Ave.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Russell</u> b. (Middle) <u>Howard</u> c. (Last) <u>Kenning</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>March 30-1953</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>October 21, 1899</u>	
9. AGE (in years last birthday) <u>53</u>		10. MONTHS <u>5</u>		11. DAYS <u>9</u>		12. IF UNDER 18 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, or last retired) <u>Mr. M. C. F. Co.</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Power &amp; Light</u>			
11. BIRTHPLACE (State or foreign country) <u>Hannibal, Missouri</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>George Kenning</u>				13b. MOTHER'S MAIDEN NAME <u>Ladie Liss</u>			
14. NAME OF HUSBAND OR WIFE <u>Mary Margaret Kenning</u>				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes U.S.A.</u>			
16. SOCIAL SECURITY NO. <u>490-09-7424</u>				17. INFORMANT'S SIGNATURE OR NAME <u>Mary Margaret Kenning</u>			
18. ADDRESS <u>612 S. Kansas City Ave.</u>				19. ADDRESS <u>612 S. Kansas City Ave.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Ventricular fibrillation</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary atherosclerosis</u> DUE TO (c) <u>with Bundle Branch Block and old infarction</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION <u>4201</u>			
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>2-10</u> , 19 <u>50</u> , to <u>3-29</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>3-28</u> , 19 <u>53</u> , and that death occurred at <u>9:30 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Doris Winsgar M.D.</u>				23b. ADDRESS <u>Excelsior Springs, Mo</u>		23c. DATE SIGNED <u>3-31-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removed</u>		24b. DATE <u>April 1-1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Marys Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Mobile, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>4/6/53</u>		REGISTRAR'S SIGNATURE <u>Barbara Hutchings</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Virgil Hope</u>			
				ADDRESS <u>Excelsior Springs, Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAR 3 1954

MAY 1 1954

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*Carl Papp*

Licensed Embalmer No. 9458

P. O. Address *Excelsior Springs Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.